

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
01 APR 23 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA**DOCUMENT #** P93000034683**1. Corporation Name**

DiSalvo and Sons III, Inc.

**2. Principal Office Address**

4190 N. 46th Avenue

**3. Mailing Office Address**

10973 SW 37th Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Hollywood, FL

**City & State**

Davie, FL

**Zip** 33021**Country**

USA

**Zip** 33328**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/13/93

**5. FEI Number**

650474159

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **REINSTATEMENT****7. Name and Address of Current Registered Agent****Name**

Steve DiSalvo

**Street Address (P.O. Box Number is Not Acceptable)**

10973 S.W. 37th Manor

**Suite, Apt. #, Etc.****City**

Davie

**State**

FL

**Zip Code**

33328

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.****Signature of  
Registered Agent****REGISTERED AGENT MUST SIGN****Date** 3/14/01**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PSD	Steve DiSalvo	10973 S.W. 37th Manor	Davie, FL 33328
D	Antoineta DiSalvo	1561 S.W. 119th Terrace	Davie, FL 33328

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

3/14/01 (954) 651-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date****Daytime Phone #**

CR2E01 (9/99)